



## Staff Orientation Record: Person-Specific

**Employee name:** Joshua Xiong

**Program name:** BrightPath LLC. Home & Community-Based Services

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. ***Complete this form for all persons served to whom the staff person will be providing direct contact services.***

Staff will review Support Plan, Support Plan Addendum, Self Management Assessment, and Individual Abuse Prevention Plan at orientation, and ongoing as plans are updated. Staff will review to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person. Other topics as determined necessary according to the person's Service and Support Plan or identified by the company will be outlined as needed.

**Person Served:** Debra Gahm

### Support Plan-Addendum (SPA)

Most individuals receiving services have service outcomes they need to work on with staff assistance. *Please review all service outcomes for the individual and state the purpose of the outcome and **one** thing you, as staff, need to do to effectively assist them with the outcome.*

Outcome 1: Deb will develop social skills to maintain safe, respectful relationships in her community. She will work on this goal with staff support once a week, achieving 75% or more of the trials during the annual review period.

Outcome 2: Deb will maintain a safe and comfortable home, completing basic maintenance tasks as needed. She will work on this goal with staff support once a week, achieving 75% or more of the trials during the annual review period

Outcome 3: N/A



Which outcome do you think will come easiest to you to support? Why

The Household Management outcome may be easiest to support because it involves clear, structured tasks that can be broken down into manageable steps. Additionally, Deb will likely already have a basic understanding of the maintenance tasks required, and with consistent support, she can successfully complete them. The regular support from staff and weekly progress checks can help ensure the outcome stays on track.

Which outcome may be challenging for you to support? Why?

The Community Participation outcome may be more challenging to support due to the social skills involved in maintaining safe and respectful relationships. If Deb experiences social anxiety or difficulty navigating interactions with others, it could take more time and practice to build those skills. Additionally, consistent exposure to community settings may require more individualized strategies and patience to ensure Deb feels comfortable and confident in her interactions.

<p>Does this person have a rights restriction in place in order to provide for their health/safety?</p>	<p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No                  If yes, explain briefly:</p>
<p>Can this person use dangerous items or equipment?</p>	<p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No                  If yes, explain briefly:</p>
<p>Does this individual require you to use permitted actions/procedures to assist them with daily routines/activities or a restraint to position them due to a physical disability?</p>	<p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No                  If yes, explain briefly:</p>



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### Self-Management Assessment (SMA)

The information presented within a Self-Management Assessment must describe the person’s overall strengths, functional skills and abilities, and behaviors or symptoms. The assessment information provides the basis for identifying and developing supports to be provided to the person and methods to be implemented to support the accomplishment of outcomes related to acquiring, retaining, or improving skills.

Assessment Area	Does the person need/want support?	If yes, how should you provide support?
Allergies:	Yes	She is able to manage that on her own.
Seizures:	Yes	She is taking medication and will manage on her own.
Choking:	N/A	
Special Dietary Needs:	Yes	Help regulate her diabetes.
Chronic Medical Conditions	N/A	
Self-Administration of Medication or Treatment Orders:	Yes	It is managed by her nurse.
Preventative Screening:	Yes	Deb manages on her own.
Medical and Dental Appointments:	Yes	Deb manages on her own.
Other health and medical needs (state specific needs):	N/A	
Risk of falling (state specific need):	Yes	Remind her to use her walker for longer periods to ensure stability and reduce the risk of falls.



Mobility issues (include specific issue):	Yes	Be available to assist her during longer outings or when she feels unsteady.
Regulating water temperature:	Yes	She is able to monitor water on her own.
Community survival skill:	N/A	
Water safety skills:	N/A	
Sensory disabilities:	N/A	
Other personal safety needs (state specific need):	N/A	
Self-injurious behavior (state behavior):	N/A	
Physical Aggression/conduct (state behavior):	N/A	
Verbal/emotional aggression (state behavior):	N/A	
Property destruction (state behavior):	N/A	
Suicidal ideation, thoughts, or attempts:	N/A	
Criminal or unlawful behavior:	N/A	
Mental or emotional health symptoms and crises (state diagnosis):	N/A	
Unauthorized or unexplained absence from program:	N/A	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	N/A	
Other symptom or behavior (be specific):	N/A	



### Individual Abuse Prevention Plan (IAPP)

The plan shall include a statement of measures that will be taken to minimize the risk of abuse to the vulnerable adult when the individual assessment required in section 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the specific measures identified in the program abuse prevention plan. The measures shall include the specific actions the program will take to minimize the risk of abuse within the scope of the licensed services, and will identify referrals made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services. When the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan shall document this determination.

Sexual Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse?  Work with her on developing assertive communication strategies to help her set boundaries confidently, even in difficult situations. Help her create a personalized safety plan, including identifying safe spaces, trusted individuals to contact, and strategies to exit threatening situations.		
Physical Abuse		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse?		



Assist Debra in using reliable transportation services, such as Metro Mobility, to limit time spent walking long distances alone. Educate her on recognizing potential dangers and staying alert to her surroundings.

**Self-Abuse**

Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, how will you minimize the risk of abuse?

Ensure she has access to a mental health professional for regular therapy to address underlying issues, self-harming behaviors, and suicidal ideation. Collaborate with her and her care team to create a safety plan that includes emergency contacts, calming techniques, and steps to take when she feels overwhelmed or at risk of harm.

**Financial Exploitation**

Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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If yes, how will you minimize the risk of financial exploitation?

**Positive Support Strategies**

When this individual is frustrated, they can express it in these ways:

N/A



BrightPath

Supporting this individual in these ways will help them feel <b>less</b> frustrated: N/A
Supporting this individual in these ways will make them feel <b>more</b> frustrated: N/A

Signatures by Employee and Supervisor		
Employee Name Printed	Employee Signature	Date
Joshua Xiong	<i>Joshua Xiong</i>	1/23/25

Hunter Guerue

Signed by:  
*Hunter Guerue*  
3FABE35548184B7...

1/23/2025

Josh Xiong

Signed by:  
*Josh Xiong*  
3A03829BBB38416...

1/23/25